# ARIZONA BOARD OF APPRAISAL



1400 West Washington, Suite 360 Phoenix, Arizona 85007 (602) 542-1539 Fax (602) 542-1598 Email: appraisal@appraisal.state.az.us Website: www.appraisal.state.az.us

## REQUIREMENTS FOR SUBMITTING AN APPLICATION FOR INSTRUCTOR APPROVAL

All entries must be typewritten or printed in ink. If you do not answer **EVERY** question, and include all required attachments, your Application will be considered incomplete and will delay the course approval.

#### FEES:

\$50.00 Change of instructor ONLY.

\$0. There is no fee due if submitted with a renewal or initial course application.

Make certified check, cashier's check or money order payable to the Arizona Board of Appraisal. Do not send cash, personal check or business check. Cash will be accepted in exact amount if presented in person at the Board office.

**If Only Instructor Change:** if a course provider wishes to use an instructor other than the instructor approved by the Board as part of the initial course approval, the course provider must apply to the Board for approval of any new or substitute instructor and pay the applicable fee. Any new or substitute instructor must meet Board's instructor qualifications.

#### CHECK LIST FOR SUBMITTING AN INSTRUCTOR'S APPLICATION:

- 1. Instructor's application signed by the instructor.
- Instructor's resume.
- 3. Proof of one or more requirements as listed under question #9.
- 4. Documentation regarding a "Yes" answer to question #11.
- 5. Fees if applicable.



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In accordance with Title II of the "Americans with Disabilities Act" this information is available in alternative format.

### **APPLICATION FOR COURSE INSTRUCTOR**

		l in ink. If you do not answer <u>EVERY</u> q te and will delay the approval as an ir		equired attachments, your		
1.	Check one:Instructor application included with renewal or initial course applicationInstructor change ONLY					
SCHO	OOL, SUPPLIER OR SPONSOR IN	FORMATION:				
2.	Name of School, Course Supplier or Sponsor					
3.	Mailing Address Number	Street				
	City	County	State	Zip		
COUF	RSE INFORMATION:					
4.	Name of Course					
5.	Course (previously approved) #ABA					
INSTE	RUCTOR INFORMATION:					
6.	Name of Instructor					
7.	Mailing Address NumberStreet					
	City	County	State	Zip		
8.	Phone:	Fa	ax:			
9.	Check all that apply. Provide proof of one or more of the following requirements:					
	taught.  A masters degree in a hard baccalaureate degree experience directly results and associate degree experience degree experie	any field and three years of examp field and two years of experience tree in a field that is directly related to the subject matter to be taught in a field that is directly related to the subject matter to be taughted at appraisal teaching experience directly restate appraisal experience directly recourses must be taught by an AQB of the part of the	e directly related to the so to the subject matter to pht. the subject matter to be pht. If to the subject matter to rectly related to the subject elated to the subject matter to certified USPAP instruct	be taught and one year of a taught and three years of be taught.  be taught.  cot matter to be taught.  ter to be taught.		

10.	Attach a current resume.				
11.	Have you ever had a diploma, certificate, credential, certification or license denied, revoked or suspended:				
	Yes No	If yes, attach a detailed explanation.			
<u>VERIFICATION</u>					
have no	t been convicted of a felony o		e best of my knowledge and belief. I certify that I noral turpitude or entered a plea of guilty or nolo n years.		
Signatu	re of Applicant (Instructor)		 Date		